

10/24/03

**UTILITY PATENT
APPLICATION TRANSMITTAL**

Attorney Docket No.	SASL:013\HON
First Named Inventor	Kelley Jones
Title	POLISH PAD TOOL
Express Mail Label No.	EU790402914US

U.S.P.T.O.
10/693089

102403

APPLICATION ELEMENTS
ADDRESS TO: Mail Stop Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

1. Applicant Claims Small Entity Status under 37 C.F.R. 1.27
2. Specification [Total Pages 11]
 Title
 Background of the Invention
 Summary of the Invention
 Brief Description of the Drawings
 Detailed Description
 Claim(s)
 Abstract of the Disclosure
3. Drawing(s) [Total Sheets 4]
4. Oath or Declaration/Power of Attorney
 - a. New executed (original or copy)
 - b. Copy from a prior application
5. Assignment Papers (cover sheet & document(s))
6. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
7. Preliminary Amendment
8. Return Receipt Postcard
9. Nonpublication Request under 35 U.S.C. 122
10. Other Other Check #1060294 in the amount of \$810.00

11. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

Prior Application No.: _____ Group Art Unit: _____ Examiner: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

CLAIMS AS FILED

FOR	NUMBER FILED	FEE
Total Claims 20	-20 = 0	x \$ 18 = 0
Independent Claims 3	- 3 = 0	x \$ 86 = 0
Multiple Dependent Claims Presented 0		x \$ 280 = 0
Basic Fee		\$ 770
Recording Fee for Assignment		\$ 40
TOTAL:		\$ 810

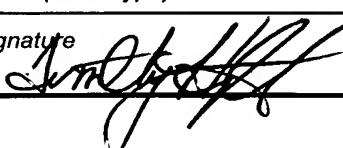
The filing fee is enclosed. If the check is missing or the fee amount is incorrect, the Commissioner is authorized to charge deposit account 50-1146, Order No. SASL:013\HON for the correct the filing fee amount.

The Commissioner is authorized to charge any fees incurred under 37 C.F.R. 1.17 or credit any overpayment during the pendency of this application to the above listed deposit account.

Customer No. **23858** Correspondence address below

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Signature 	Date <u>October 24, 2003</u>